Community hospitals for the new millennium

David Seamark, Barbara Moore, Helen Tucker, John Church, and Clare Seamark,

SUMMARY

There is a lack of basic information regarding the numbers of and facilities offered by community hospitals. This survey identified 471 community hospitals in the United Kingdom containing 18 579 beds with 20% of general practitioners having admitting rights. The majority of hospitals provide a comprehensive range of rehabilitation services and consultant outpatient clinics. Community hospitals are potentially an important resource in providing intermediate care in the community.

Keywords: community hospitals; intermediate care.

D Seamark, MA, PhD, MRCGP, general practitioner; and C Seamark, MPhil, MRCGP, general practitioner, Honiton. B Moore, RGN, RM, DN, secretary; and H Tucker, MHSM, DipHSM, chair, Community Hospitals Association. J Church, FRCS Eng. general practitioner, Axminster.

Address for correspondence

Dr DA Seamark, The Surgery, Marlpits Road, Honiton, Devon, EX14 2NY. E-mail: David.Seamark@gp-L83002.nhs.uk Submitted: 15 November 1999; Editor's response: 14 July 2000; final acceptance: 2 October 2000.

©British Journal of General Practice, 2001, **51**, 125-127.

Introduction

OMMUNITY hospitals are local hospitals, units or centres whose role is to provide accessible health care and associated services to meet the needs of a clinically defined and local population. As an extension of primary care they enable GPs and primary health care teams to support people within their own communities. Community hospitals play a major role in rehabilitation and also offer palliative care, health promotion, diagnostic, emergency, acute, and therapeutic services. With increasing emphasis on a primary care-led National Health Service (NHS)¹ the role of community hospitals has come under scrutiny. However, little is known of the numbers, distribution, and facilities offered by such hospitals in the United Kingdom.

Method

A short, simple questionnaire was devised by committee members of the Community Hospitals Association (CHA), requesting easily accessible data. Questionnaires were sent to individual hospitals identified from the previous CHA directory, the *NHS Year Book*, and from personal knowledge. Additional questionnaires were sent to health authorities to forward to any community hospitals hitherto unidentified. Non-responders were contacted by telephone and were either sent another questionnaire or a suitable representative of the hospital was interviewed over the telephone. Deficiencies in questionnaire replies were validated by mail or telephone.

Results

Bed numbers, facilities, and services provided in 471 identified community hospitals are shown in Table 1. In total, there were 8457 GP-led beds and 10 122 consultant-led beds. Over three-quarters were described as medical and elderly care beds, with 4% being surgical and the remainder consisting of maternity, assessment, palliative/terminal care, rehabilitation, stroke care, postoperative, and a few nurse-led beds.

There were 7425 general practitioners (GPs) with admitting rights representing 2191 practices. This is 20% of the current GP workforce. General practitioners worked as GP clinicians, clinical assistants or hospital practitioners in 409 (87%) of UK community hospitals. Consultant outpatient clinics were held in 312 (66%) of the hospitals, covering most medical and surgical specialities.

Discussion

The strengths of this study are the high degree of coverage and response rate obtained. This was owing in part to experience gained from the previous survey in 1983, development of strong personal networks among members of the CHA committee, and modern information technology. Weaknesses mainly centre around the problem of defining

Table 1. Facilities and services provided in UK community hospitals

Isl	England (including e of Man, Northern Ireland and Channel Islands	Scotland	Wales	Total UK
Community boonitals	200	O.E.	F0	471
Community hospitals Number of total beds	328 13225	85 2963	58 2391	471 18 579
Median number of beds (interquartile ranges)	32 (20–49)	30 (18–50)	37 (25–47)	33 (20–50)
Mean distance from district general hospital (miles)		21 ^a	13	33 (20–30) 14
Service	Number (%) of hospitals in each country			
Outpatient clinics	246 (75)	25 (29)	42 (72)	313 (66)
Minor injury units	227 (69)	60 (71)	43 (74)	330 (70)
Day hospitals	170 (52)	35 (41)	24 (41)	229 (49)
Physiotherapy	327 (100)	85 (10Ó)	58 (10Ó)	470 (100)
Occupational therapy	298 (91)	83 (98)	51 (88)	432 (92)
Speech therapy	242 (74)	76 (89)	43 (74)	361 (77)
Chiropody/podiatry	246 (75)	70 (82)	42 (72)	358 (76)
Inpatient and day care surgery	61 (19)	10 (12)	8 (14)	79 (18)
Maternity services	45 (14)	16 (19)	13 (22)	74 (16) ^b
Plain X-ray	207 (63)	45 (53)	44 (76)	296 (63)
Contrast X-ray	55 (Ì7) [°]	6 (7)	9 (16)	70 (Ì5)
Ultrasound	111 (34)	23 (27)	17 (29)	151 (32)

^aRefers only to mainland hospitals. ^bOf these, 20 units are solely midwife-led.

HOW THIS FITS IN

What do we know?

Community hospitals, previously known as 'cottage hospitals' are often perceived as providers of long-stay elderly care and little else. Owing to reorganisations of the NHS and restructuring, it was thought that the stock of community hospitals had significantly decreased over the past quarter of a century.

What does this paper add?

This paper indicates that the number of community hospitals has not declined and that a comprehensive range of diagnostic, rehabilitation, and outpatient services exist within these units. Community hospitals are well placed to participate in providing intermediate care, particularly in rural areas.

what constitutes a community hospital and comparisons with previous studies that may have used different definitions. The study was limited in the data obtained regarding the functioning of community hospitals and their role in the wider NHS.

The survey confirmed the presence of 471 community hospitals in the UK with a predominantly rural distribution. Comparisons with previous survey data can be difficult owing to methodological differences and problems of definition; however, work published in 1983² quoted the existence of 425 such hospitals and, in 1990, 415 were identified.³

Discussion around bed numbers is fraught with difficulties, again owing to problems of definition. Between 16 000 and 17 000 community hospital beds were identified in the 1980s compared with around 18 500 beds at the beginning of 2000. Around one in five GPs are involved in community hospitals work compared with Cavanagh's estimate of 15% of English and Welsh GPs in the late 1970s.⁴ An Occasional Paper issued in 1990 indicated that 15% of GPs in the UK were involved in community hospitals.³

Intrapartum obstetric services were identified in 74 (16%) of the UK community hospitals. In previous studies, 131 isolated units were found in 1982⁵ and 103 in 1983.³ These data would indicate a trend towards closure of isolated obstetric units for reasons described elsewhere.³ Of interest is the emergence of solely midwife-led units that were not previously reported.

Conclusion

Contrary to popular belief there has not been a substantial reduction in community hospitals over the past 25 years. The association of such hospitals with local communities, the extent of primary care involvement, multidisciplinary rehabilitation services, and diagnostic facilities would indicate that these hospitals should have a significant role in the evolution of intermediate care and in alleviating the pressures on larger specialist hospitals.⁶

Acknowledgements

The Department of Health awarded the CHA a Section 64 General Scheme Grant in 1997, towards the establishment of the database and the production of the new directory. The computer software for the handbook was designed by Mark Channing of Albert Goodman Accountants, Taunton. Thanks are due to all the members of the CHA committee who were responsible for ensuring such a high response rate to the questionnaires. Thanks are also due to the staff of all the community hospitals who gave their time to completing the questionnaires and making the handbook possible.

The Community Hospital Association Directory (second edition) 1999 is available from: The Secretary, Community Hospitals Association, Meadow Brow, Broadway, Ilminster, Somerset TA 19 9RG; E-mail: commhosp@globalnet.co.uk

Interests

David Seamark, John Church and Clare Seamark all work as

community hospital clinicians. David Seamark works as part-time medical advisor to Exeter District Community Health Services NHS Trust. Helen Tucker works as a freelance consultant and has advised on reconfiguration of community hospitals and local health services. David Seamark, Helen Tucker, Barbara Moore and Clare Seamark are all committee members of the CHA.

References

- NHS Executive. The New NHS, modern, dependable. London: The Stationery Office, 1997.
 The Royal College of General Practitioners. General practitioner hospitals. [Occasional Paper 23.] Exeter: RCGP, 1983.
- 3. The Royal College of General Practitioners. Community hospi-The Hoyal College of General Practitioners. Community hospitals — preparing for the future. [Occasional Paper 43.]
 London: RCGP, 1990.
 Cavenagh AJM. Contribution of general practitioner hospitals in England and Wales. BMJ 1977; 2: 34-36.
 Cavenagh AJM, Philips KM, Sheridan B, et al. Contribution of isolated GP maternity units. BMJ 1984; 288: 1438-1440.
 Department of Health. Shaping the future NHS: long term planning for hospitals and related services: consultation documents.

- planning for hospitals and related services: consultation document on the findings of the National Beds Inquiry. London: DoH, 2000.